

ARIZONA STATE DEPARTMENT OF HEALTH

(This return should preferably be made by the person who made the original)

DIVISION OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.*

Place of Birth Miami County Gila No. _____ St. _____

(Registration District)

SEX OF CHILD*	Twin Triplet or other?	{ and }	Number in order of birth
Female			

DATE OF BIRTH* Feb. 9, 1923
(Month) (Day) (Year)

FULL NAME William C. Treado
FATHER

FULL MAIDEN NAME Anna Caroline Clarke
MOTHER

I HEREBY CERTIFY that the child described herein has been named

Billie Jeanne Treado
(Give name in full) (Surname)

Mrs. Wm C. Treado
(Parent's Signature)

(Signature of Physician or Midwife)

*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.
10M-6-42-Bower Co.

236-209-135